

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold;">B</div> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> </div>							SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">09/982607</div>		FILING DATE 	
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1					51				
2						52				
3						53				
4						54				
5						55				
6						56				
7						57				
8						58				
9						59				
10	1					60				
11						61				
12						62				
13						63				
14						64				
15						65				
16						66				
17						67				
18						68				
19						69				
20						70				
21						71				
22						72				
23						73				
24						74				
25						75				
26						76				
27						77				
28						78				
29						79				
30						80				
31						81				
32	1					82				
33						83				
34						84				
35						85				
36						86				
37						87				
38	1					88				
39						89				
40	1					90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	5					TOTAL IND.				
TOTAL DEP.	35					TOTAL DEP.				
TOTAL CLAIMS	40					TOTAL CLAIMS				